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APPLICANTS

Brian T. McNamara, Bloomington, IN;
 Alfred R. Feitl, Bloomington, IN;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after sixty months	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IN	5	19	3

ADDRESS

David J Gaskey
 Carlson Gaskey & Olds
 Suite 350
 400 W Maple Road
 Birmingham, MI 48009
 UNITED STATES

TITLE

TIE-DOWN COMPENSATION FOR AN ELEVATOR SYSTEM

FILING FEE RECEIVED 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit